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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	08/713,007
Filing Date	09-12-1996
First Named Inventor	JOHN DAVIDSON HW
Art Unit	2743
Examiner Name	CHAN, WING F
Attorney Docket Number	-

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith. TO:
VISUAL INTERACTIVE PHONE CONCEPTS, INC

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

ONE PRESIDENT STREET
SUITE 101
STATEN ISLAND, N.Y. 10314

OR

<input checked="" type="checkbox"/> Firm or Individual Name	VISUAL INTERACTIVE PHONE CONCEPTS, INC				
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City	STATEN ISLAND	State	NEW YORK	Zip	10314
Country	USA				
Telephone	718-698-3274	Email	JOHNDAVIDSON@AOL.COM		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	VISUAL INTERACTIVE PHONE CONCEPTS, INC.		
Date	10-14-2005	Telephone	718-698-3274

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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